



NMCP Security joined by civilian patrol

Story and Photo by JO1 Sarah Langdon



Naval Medical Center Portsmouth bulked up its security force last month, and added 12 more members to its team. But these new patrolmen aren't sporting green camouflage like their master-at-arms counterparts. They're wearing navy blue, just like the rest of the men and women serving in the civilian police force.

NMCP's new patrolmen officially joined the NMCP security team Jan. 18, following a graduation ceremony the week before. Family and friends turned out to watch the

graduates walk across the stage and receive their diploma.

"Over a year ago the command had the idea to integrate a military and civilian police force, and one year ago the dream became a reality at NMCP," said MACS Thomas Goldsmith, former senior enlisted leader for NMCP Security. "Thanks to people like MAC (Russel) Duncan, our ops chief, Mr. (King) Smith and Capt. Q. (Roberto Quiñones, former DFA), we are now integrating our military police force with a civilian police force. They made a police

department at NMCP a reality."

According to Goldsmith, the plan to integrate the two law enforcement services originated within the NMCP chain of command last year. Security worked closely with the Director for Administration, Commander, Navy Region Mid-Atlantic and other organizations to bring the concept to fruition.

"This is a good thing," Goldsmith said. "Our MAs are deployable and rotate in and out

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NMCP Sailors prepare to deploy



2d Force Service Support Group



Family and friends say their goodbyes Jan. 3 and 4 as members of the 2nd Force Service Support Group and 2nd Marine Division from NMCP, head to Camp Lejeune for training prior to deployment. Hospital corpsmen assigned to the 2nd MARDIV will support Marine ground units in support of Operation Iraqi Freedom. Members of the 2nd FSSG operate in various capacities such as Shock Trauma Platforms and casualty receiving teams. T



All photos by JO1 Sarah Langdon

The Courier

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This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at drkallgren@mar.med.navy.mil. Submissions should be on disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the next issue space permitting. PAO is located in Building One, Third Deck, Rm. 311.

Navy Dental Center, Norfolk disestablished

By Deborah Kallgren, Public Affairs Officer

In a ceremony held Feb. 4 at Naval Station Norfolk, Navy Dental Center Mid-Atlantic was formally disestablished and integrated under the command of Naval Medical Center Portsmouth.

Navy Dental Center Mid-Atlantic, headquartered in Norfolk, was the largest Navy Dental Center. It cared for more than 50,000 active duty Sailors and Marines, had the most branch clinics (eight), most tenant commands (more than 200), most ships, submarines, squadrons, SEAL teams and Seabee units. Today, the Norfolk center joined Navy dental centers in Bremerton, Wash., and Pensacola, Fla., as the last of the 12 dental centers to be disestablished. All other centers have been disestablished as part the Secretary of the Navy's initiative to streamline and combine resources.

Speakers included Vice Adm. Donald C. Arthur, Surgeon General

of the Navy; retired Rear Adm. Richard G. Shaffer, commanding officer of Navy Dental Center Mid-Atlantic from 1982 to 1983; and Capt. Deidra B. Flanary, commanding officer of Navy Dental Center Mid-Atlantic. The flag detail included other previous commanding officers of the dental center.

The mission of the dental center will remain the same under NMCP: to provide comprehensive dental care to ensure operational dental readiness of Navy and Marine Corps personnel. It provides \$46 million worth of dental care annually (based on American Dental Association comparisons) in the fields of general dentistry, periodontics, prostodontics, oral and maxillofacial surgery, oral medicine, operative dentistry, comprehensive dentistry, public health dentistry and orthodontics. Navy Dental Center Mid-Atlantic

was composed of branch dental clinics at the following locations in Hampton Roads: Sewells Point, Oceana, Little Creek, Dam Neck, Yorktown, Northwest, SUPSHIP (Supervisor of Shipbuilding), and Norfolk Naval Shipyard. The center also has two training programs for new dentists that are fully accredited by the American Dental Association: Advanced Education in General Dentistry and the Advanced Clinical Program.

The Area Dental Lab is also being integrated into NMCP. The lab fabricates dental prostheses such as crowns, bridges, dentures and implants for all Navy dentistry from the Mississippi River east to Europe.

The integration of Navy Dental Center Mid-Atlantic into NMCP is expected to be a seamless transition, and there will be no changes to service members' access to dental care. ▼



Photo by Deborah Kallgren, Public Affairs Officer

From left, Vice Adm. Donald C. Arthur, Surgeon General of the Navy; Rear Adm. Thomas K. Burkhard, Commander, Naval Medical Center Portsmouth; and Capt. Deidra B. Flanary, Commanding Officer, Navy Dental Center Mid-Atlantic, share cake-cutting duties following the disestablishment ceremony.

POMI keeps troop rotation smooth

By JO1 Sarah Langdon

Since the early beginnings of the war on terror, Naval Medical Center Portsmouth has deployed medical and support personnel in support of U.S. and Allied operations in the Middle East. Currently, more than 100 Sailors under the NMCP umbrella are deployed.

Plans, Operations and Medical Intelligence is responsible for the logistics involved in preparing, planning and getting these servicemembers to the field and back again.

"We are basically responsible for ensuring active duty medical commands here are worldwide deployable in support of the war on terrorism," said HMC Tyrone Kelly, assistant division officer for POMI. "We manage 27 UIMs (unit identification markers) assigned to NMCP alone and we coordinate all BUMED taskers in support of the war on terror. We send people to Gitmo, Bahrain, Djibouti ... essentially all over the globe."

The NMCP POMI staff is responsible for the Mid-Atlantic and Southeast regions including all branch medical clinics. When the request comes in for medical and support personnel, POMI is responsible for finding the right people to fill the billets.

To keep servicemembers deployable at a moment's notice, the staff at POMI must keep track and keep their platforms up to date on all manner of requirements. These include up-to-date immunizations and medical exams, dental exams, training

and family care plans. POMI also ensures servicemembers take care of legal issues, such as wills or powers of attorney, assist them with their pay and make all travel arrangements.

"We have to look at all facets one would utilize to get ready to deploy, then liaise and coordinate with all entities," Kelly explained.

The hospital corpsmen on platforms are assigned to fleet hospitals, Marine divisions and casualty and receiving treatment ship (CRTS) platforms. Non-medical Sailors, such as yeoman, journalists, information technologists or supply personnel are assigned, along with medical personnel, to Deployable with Medical platforms known as DEPMEDs.

To better track and facilitate the platform mission, POMI is broken up into eight sections, each headed by an enlisted Sailor. HM3 Jonathan Manning performs class coordination and mission readiness for all NMCP officers. HN Terry Williams, manages all staff assigned to the USNS Comfort and CRTS ships such as the *USS Bataan (LHD 5)* and *USS Kearsarge (LHD 3)*.

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"... you can expect this high OPTEMPO and request for medical personnel to continue into the foreseeable future. We are the only option for health services for our brethren in harms way. We must make the paradigm shift and be prepared to answer the bell regardless of peacetime mission, billet or platform assigned. As the POMIs, we must repeatedly sound that war drum, rally support and routinely remind our leadership/staff that any and all of us may have to deploy on a moment's notice ..."

*Lt. Mortec Williams,
Health Service Office, Norfolk*



POMI maintains smooth troop rotations by employing eight platform managers to handle all aspects of readiness, training, deployments and returns. Each platform manager is responsible for a different platform or different aspect of platform management. Platform managers ensure their personnel have the right training, that their administrative needs for deployment are taken care of and make sure all medical screenings and immunizations are up to date. Approximately 3,900 personnel hold platform billets under NMCP.



Sewells Point Triangle welcomes new OIC, NMCP new comptroller

Photo by Jon Strausbaugh



Cmdr. Karen DiRenzo, NC, assumed responsibility of Branch Medical Clinics, Norfolk (Sewells Point) Yorktown and Norfolk Naval Shipyard in a change of charge ceremony held Jan. 12 at Naval Station Norfolk. Her predecessor, Cmdr. Diane Hoover, MSC, heads to Naval Medical Center Portsmouth as Comptroller. Featured speakers included Rear Adm. Thomas K. Burkhard, commander, NMCP, and Cmdr. Christopher Culp, director of Fleet and Family Medicine at NMCP.

Civilians add consistency to NMCP Security

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every two years or so. This gives our security force consistency. The members of the civilian security force come from all walks of life. We started out with 40 applicants and graduated 12. They have been trained on weapons, search and seizure, all forms of pepper spray.”

According to Patrolman Michael Herring, “We spent 13 weeks of intensive training encompassing anti-terrorism

defense, domestic abuse, fire arms and first aid training.” Herring is one of NMCP’s new patrolman and has worked in security for 18 years, five of which were as an Army military policeman (MP). “We received a combination of military and civilian law enforcement training. We’re glad to be here.”

“We’ve really been looking forward to working at the hospital,” said Patrolman James Palkowski,

another graduate and former MP. “We heard good things and have had nothing but positive feedback. The command has been very welcoming to us and helped to make the transition smooth. This is really going to be a team effort.”

“This is most definitely a success,” Goldsmith said. “They get the jobs they need and we are getting the help we need.”

Congratulations and Welcome Aboard!

*Officer James Palkowski
Officer Bradford Taylor
Officer Donald Brown
Officer Joseph Goode
Officer Michael Herring
Officer William Jones*



*Officer Cornell Knight
Officer Stephanie Martinez
Officer James McClain
Officer Kenneth Williams
Officer Bridgette Wilson
Officer Monty Young, Jr.*

REVIMS hits 400,000 volunteer hours

By JO1 Sarah Langdon

The Retired Volunteers in Medical Service hit the 400,000 hour mark of volunteer service at Naval Medical Center Portsmouth in January. The organization, known as REVIMS and made up of Fleet Reserve Association volunteers, has been in business since November 1988.

The organization currently has 73 volunteers, 10 of whom are part of the original 60 “plankowners” of the program. The volunteers primarily assist in pharmacy areas, but also volunteer in the ER, Patient Relations, various clinics, Social Work and information centers. Volunteers also work at the pharmacy at the Scott Center Annex to Norfolk Naval Shipyard and at Sewells Point Branch Medical Clinic.

“We started to work here to help out in non-patient care areas,” said W. Ralph Holcombe, REVIMS president. “Back then, the Air Force had a comprehensive volunteer program in place because they didn’t want anyone to wait more than 10 minutes at their pharmacies. The CO (commanding officer) here at the time thought that was a great idea, approached the FRA (Fleet Reserve Association), and asked for help.

“The reasoning behind it is that it doesn’t take a pharmacy tech to take the initial prescription from the patient, and it doesn’t take one to

hand the prescription to the patient,” Holcombe said.

According to Holcombe, before NMCP had the pneumatic tube system, all medications were hand carried to the wards. When REVIMS first went to work at the medical center, 10 of its volunteers performed this service. These days, only breakables and liquid items, such as I.V. bags, are hand carried. NMCP currently has 10 volunteers delivering these items to the wards.

are very punctual and very dedicated.”

According to Ralph Darrah, REVIM director, the volunteers can give as much as they’d like.

“Most of them have one day a week – four hours, which is their designated time to come in,” Darrah, a former lieutenant commander in the Navy, said. “I think we have a fairly efficient system. We contributed 1,332 hours in December alone, but usually get 1,600 to 1,700 hours a month.”

Holcombe said the REVIMS donated hours equal a Full Time Equivalent (FTE) of approximately 2,000 hours every year.

“The program is pretty stable and we seem to have the right amount of volunteers in the right places,” Holcombe said.

For Amos Daniels, a former craft operator and Boatswain’s Mate chief warrant officer in the Coast Guard, the best part about volunteering at NMCP is spending time with the staff and



Photo by SN Brandon Burns

Amos Daniels, a retired chief warrant officer, works at the pharmacy assisting customers with getting the right ticket and pharmacy information. Daniels spent 23 years in the Coast Guard, working as a boatswain’s mate and craft operator. He’s been volunteering at NMCP for 7 years.

The REVIMS program works very well for the medical center and the volunteers, Holcombe said.

“We have widows and widowers who need to get out of the house,” he said. “It really is a boon for them. Many have lost spouses and it’s a reason for some to get up and face the day. They

patients.

Daniels, who retired after 23 years, works at the pharmacy disbursing customer service numbers.

“I like being able to assist and interact with people,” Daniels, a said. “I like making their day a little brighter.”

POMI manages 3,900-person roster

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All Sailors assigned to Marine Corps platforms fall under HM2(FMF) Michael Windholz.

“We have more than 200 corpsmen on this platform up and down the East Coast,” Windholz said. “It’s a challenging job because there’s no set learning process and there’s always room for improvement. At the same time, that’s also the reward.”

HN Lonetta Odom runs the fleet hospital platforms, including Expeditionary Medical Facility Portsmouth, which recently returned from deployment.

“We have about 845 Sailors assigned to fleet hospital platforms, and the biggest challenge is maintaining operational readiness, keeping forms up to date and servicemembers ready to go,” Odoms said. “When we’re given a tasking we only have so much time to complete it. It’s a lot of work, but we’re overjoyed when they return and it’s time to pick them back up.”

General Medical Education (GME) interns and all other medical officers, including medical service corps officers, are required to get specific training for their platforms. HM3 Tammy Sisco ensures each officer receives the required training in areas such as cold weather medicine, mountain medicine and field medicine.

“It puts them in a similar setting to what they may experience in the field so they can better relate when they get there,” she said.

HM2 Paige Weifert, new to the command, is POMI’s new leading petty officer and oversees the platform managers, offering

assistance as necessary.

“This is a vast responsibility for such junior people, but they do a great job,” said Weifert.

“The big challenge is figuring out how to best utilize our human capital,” Kelly said. “We may get a request for 41 Sailors to report to Camp Lejeune for training prior to deployment. I’ll send out the request and get a list of maybe 80 names back. We first have to weed out those who are unsuitable because of limited duty status, PRD (projected rotation date) issues, NECs (Navy enlisted classification) and if there is male or female billet requirement in some cases. We want to get the right Sailor in the right billet at the right time.”

POMI is also responsible for keeping their Sailors trained to do their platform jobs. Sailors are sent to periodic training and schools to keep them and their skills ready for the field. These schools include FAMFIRE for infantry units, which familiarizes Sailors with field requirements such as land navigation, field sanitation and how to fire the 9mm and M-16, and MAPEX, or Medical Augmentee Platform Exercise.

Fleet Hospital Operations and Training Center, or FOTC, exposes medical and support personnel on fleet hospital platforms to life in the field for a tent hospital. During the training, participants learn to set up their own ICUs, ORs and berthing areas. They practice bunker drills, communication skills and experience the gas chamber.

The network of deployable personnel encompasses 3,900 active duty officers and Sailors.

“This is a high dynamic area and at any time we are dealing with 10 issues,” said Lt. Lisa Labermeyer, POMI division officer. “The staff is constantly multi-tasking for our current and future deployments.

“Deployment is stressful, and sometimes changes are last minute, so our staff catch it. But they never lose their cool,” she said. “They will go out of their way to make sure things get done. They’re awesome. They work extra hard and 90 percent of the time, they are the brunt of people’s frustrations. But, they always stay professional.”

Although EMF Portsmouth recently fulfilled its year-long obligation at the military hospital in Kuwait and returned home, NMCP platforms will continue to rotate in and out of Middle East and other regions as necessary.

“We (Navy medicine) are the only source of health care for the Marine Corps,” Labermeyer said. “Our Navy mission is to support the joint forces and provide medical care for our guys over there, while maintaining our peacekeeping mission back here.

“The uniform has to support the operation mission,” she said. “It’s a juggle between POMI asking for uniforms and what the chain of command needs to function back here. But our guys here work hard to get the job done. We couldn’t do it without our staff. They make it all happen.”

DAPA

Facts about alcohol withdrawal

Submitted by HMI Eduardo Ortiz, DAPA Counselor

Symptoms of alcohol withdrawal can range from mild to life threatening. When heavy or frequent drinkers suddenly decide to quit cold turkey they will experience some physical withdrawal symptoms- which can range from the mildly annoying to severe and even life threatening.

The severity of these withdrawal symptoms is usually dependent upon how chemically dependent the chronic drinker has become. Those who drink heavily on a daily basis have developed a high level of dependency, but even those who drink heavily, but not daily, can also be chemically dependent on alcohol.

When someone who has become alcohol dependent decides to stop drinking, they will experience some level of physical discomfort. For this reason, it is extremely difficult for them to merely stop drinking on their own without assistance and support.

NEVER AGAIN

The scenario has been played over and over many times. After a particularly damaging or embarrassing binge, the hung-over person will make an oath to himself and others to drink never again and quite often is sincere about quitting.

But with onset of withdrawal symptoms, also comes the craving for more alcohol. The body is telling the drinker that it needs alcohol. As the physical symptoms of withdrawal begin to

increase, taking another drink simply becomes less painful than not taking one – or so it seems at the time.

For those who have committed themselves to not drinking again, or forced by circumstances to not have access to alcohol, the struggle to fight the withdrawal symptoms can become a dangerous battle, one that can actually become life threatening.

THE SHAKES

For some who are less chemically dependent, withdrawal symptoms might be as mild as merely getting the shakes, or the sweats – or perhaps nausea, headaches, anxiety, a rapid heart beat, and increased blood pressure.

Although these symptoms are uncomfortable and irritating, they are not necessarily dangerous. But they are often accompanied by the craving for more alcohol, making the decision to continue to abstain much more difficult to make.

Even the morning after hangover of someone who occasionally drinks to excess, is actually a mild form of alcohol withdrawal from the excesses of the night before, as the alcohol content of their blood begins to drop. The symptoms can appear within a few hours after not drinking.

THE DTs

However, within six to 48 hours after not drinking, hallucinations may develop. These usually are visual hallucinations but they can also involve sounds and smells. They can last for a few hours

up to weeks at a time.

Also within this time frame after quitting, convulsions or seizures can occur, which is the point at which alcohol withdrawal can become dangerous if not medically treated. The symptoms may progress to delirium tremens (DTs) after three to five days without alcohol. The symptoms of DTs include profound confusion, disorientation, hallucinations, hyperactivity and extreme cardiovascular disturbances. Once DTs begin, there is no known medical treatment to stop them. Grand mal seizures, heart attacks and strokes can occur during the DTs, all of which can be fatal.

GETTING TREATMENT

The good news for those who are extremely alcohol dependent and who wish to quit drinking is that all of these symptoms can be alleviated and even eliminated with proper medical treatment.

Typically, for those who are mildly dependent, doses of vitamins (Thiamine) and a proper diet will prevent most of the mild withdrawal symptoms from occurring. For the severely dependent, medication can be administered, but only by a physician. One approach is to substitute Valium for alcohol and gradually reduce the dosage until the patient is drug free.

If you are a heavy drinker and want to quit, consult a trained medical professional, and be honest

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Get Heart Healthy For National Heart Month

Submitted by Maggie Malson, Preventive Health and Wellness

February is National Heart Health Month. The leading cause of death for men and women is heart disease, and according to the Centers for Disease Control, cardiovascular disease caused the deaths of 433,825 males and 493,623 females in 2002.

Risk factors for heart disease include:

Family history of early heart disease: If you are born into a family where close family members have had heart disease, you are at a greater risk of developing heart disease than someone who does not have that history.

Age: The older you are, the greater your risk of developing heart disease.

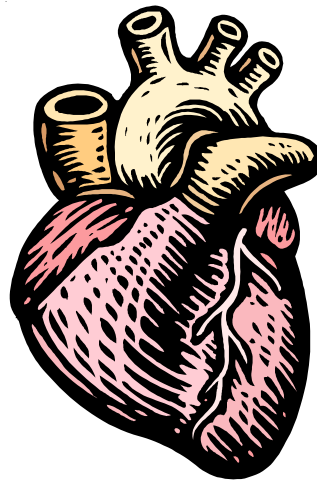
Male: age 45 or older

Female: age 55 or older or premature menopause

High blood pressure: 140/90 or higher. High blood pressure is a major modifiable risk factor for cardiovascular disease. The higher your blood pressure, the greater your risk of developing heart disease or stroke. High blood pressure increases the heart's workload, causing the

heart to enlarge and weaken over time.

Current tobacco product user: Tobacco constricts the blood vessels and increases the risk for



blocked arteries. Tobacco user's risk of heart attack is more than twice that of non-tobacco product users. Among men age 18 and older, 26.3 million men (25.2 percent) are tobacco product users, according to the CDC. This is a modifiable risk factor.

Diabetes mellitus:

Of the estimated 13.9 million Americans with physician-diagnosed diabetes, about 6.8 million are male and 7 million are female.

HDL Cholesterol Level:

Among men age 20 and older, those whose HDL cholesterol is less than 40mg/dl tend to have a higher risk of coronary heart disease. HDL has been called good cholesterol because research has shown that those with high levels of HDL have a lower risk of coronary artery disease. Regular moderate to vigorous physical activity have linked to increased HDL levels.

Obesity:

According to the National Heart, Lung and Blood Institute, "People who have excess body fat are more likely to develop heart disease and stroke even if they have no other risk factors. Obesity is unhealthy because excess body weight increases the strain on the heart. It is directly linked with coronary heart disease because it influences blood pressure, blood cholesterol and triglyceride levels and makes diabetes more likely to develop."

Lack of regular physical activity:

Physical inactivity is a risk factor for heart disease. Regular activity reduces the workload of the


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Quitting drinking is hard to do; get help

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about your usual alcohol intake. The psychological withdrawal is enough to deal with without also

having to fight the physical symptoms. You don't have to do it on your own to prove anything to

anyone. Help is available; take advantage of it. 

February Is Black History Month!

As part of this year's celebration, NMCP's Command Heritage Committee invited Don Roberts, anchor for WAVY-TV 10, to NMCP for a prayer breakfast and book signing. The theme this year is the Niagara Movement. In July 1905, 29 African-American men from 14 states came together in Buffalo, N.Y., to discuss issues important to advancing the rights of African-Americans. The outcome was the Niagara Movement, a list of eight principles including freedom of speech and criticism, manhood suffrage and abolition of all class distinctions based simply on race and color.

Black History Month Trivia: Notable African Americans in American History

What African American Am I?

1. I am a female. I write poems. I was a slave. I was kidnapped. When my first husband died, I married another man and had man and had three children. I died at the age of 31. Who was I?

2. Born Dec. 11, 1967, Baltimore, Md., I launched my own line of clothing "Big Beautiful and Loving It". I won 2 NAACP Image Awards as Outstanding Actress in a Comedy Series (2001-2002) for my work on "The Parkers". Who am I?

3. I served as the first African American mayor of New York City, from 1990 to 1993. I have continued to be critical of problems within the criminal justice system, including abusive police and institutionalized racism in the courts. I have established a legacy of working to empower poor people and minorities. Who am I?

4. I became one of the country's best-known figures during Operation Desert Storm. I was a presidential assistant for national security in the Reagan administration (1987 to 1989). In 1989, I became the first African American to serve as chairman of the Joint Chiefs of Staff. Who am I?

5. I received a law degree from the University of Chicago and worked in the U.S. Attorney's Office, where I won the Special Achievement Award. I was

elected to the Senate as a Democrat from Illinois, becoming the first African-American woman to sit on the U.S. Senate and only the second African American since Reconstruction to be a Senator. Who am I?

6. I invented air conditioning for cars. I invented a box office device that distributed tickets automatically. I also invented the portable X-Ray machine. Who am I?

7. I made 300 useful things out of peanuts. Who am I?

8. I was a school teacher. I saw education as the key to improving the lives of African Americans. I worked hard to open up educational opportunities for African Americans. Who am I?

9. I am a poet, novelist and teacher. In 1939 I finished my first novel, "Goose Island". I am most famous for my novel "Jubilee". I also had a long career as a college level teacher. I have continued to write and have undertaken rigorous speaking tours. Who am I?

10. I hold the distinction of having twice won the Pulitzer Prize for plays depicting the African-American experience: "Fences" and "The Piano Lesson". My first play, "Ma Rainey's Black Bottom", set in the 1920s, was

the New York Drama Critic's Circle Award, and "Joe Turner's Come and Gone", set in 1911 and focusing on black migration to the North, was voted the best new play in 1988 by the New York Drama Critic's Circle. I am also the founder of the Black Horizons Theater Company. Who am I?

11. I was born May 19, 1925. I wear glasses. I fought for Black Americans. I went to jail. I was a leader of the nation of Islam. I died at the age of 39. Who am I?

12. I discovered the modern processes for preserving blood for transfusions. After graduation from McGill in 1932, I did a 3-year residency at Montreal General Hospital before joining the faculty of Howard University where I was eventually appointed head of surgery. Who am I?

13. I am one of the original writers of the Harlem Renaissance. My first book of poetry, "The Weary Blues", was published in 1926. Also in 1926, I published a critical essay, "The Negro Artist and the Racial Mountain", which became a defining piece for the Harlem Renaissance movement. In 1942, I began a column in a Chicago newspaper that introduced my character, "Simple," and eventually



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Photos courtesy of Google

Who Am I? *Continued from Previous Page*

published five volumes of my “Simple Stories.” I fell in and out of favor with the public, but the best of my work promises to survive. Who am I?

14. I wrote “Imitation of Life”, about a black woman passing as white. Claudette Colbert starred in the 1934 film version of the story. I am best-known for my work that was published in 1937: “Their Eyes Were Watching God”, a novel which was controversial at the time because it didn’t fit easily into stereotypes of black stories. I was also one of the Harlem Renaissance women writers. Who am I?

15. I am one of the world’s most beloved actors, writers, and most of all fathers. As a comedian, actor, and producer, I played a major role in the development of a more positive portrayal of blacks on television. My first acting assignment, in the espionage series “I Spy” (1965-68), made me the first black actor to perform in a starring dramatic role

on network television. My comedy records earned me eight Grammy awards. In 1986 I the best-selling book, “Fatherhood”. Who am I?

16. My name was changed by a Quaker family to Van Wagener. I was a missionary among slaves in New York. I used my talent of speaker for the slavery movement. I died at age 86. Who am I?

17. I am hailed as one of the great voices of contemporary literature and as a remarkable Renaissance woman. I have captivated my audiences lyrically with vigor, fire and perception. I have a unique ability to shatter the opaque prisms of race and class between reader and subject throughout my books of poetry and my autobiographies. I have authored 12 best-selling books including “I Know Why the Caged Bird Sings”. Who am I?

18. I have established myself as one of Hollywood’s most important

and influential filmmakers in the past decade. My debut film earned me the Prix de Jeunesse Award at the Cannes Film festival and set me at the forefront of the Black Wave in American Cinema. My commercial work began in 1988 with my collaboration with basketball great Michael Jordan on seven commercials. I have also authored books on the making of my films. Who am I?

19. I was the first African American woman millionaire in America. I am also known for my hair straightening treatment but I also worked to end lynching and gain women’s rights. Who am I?

20. I am from Mani. I am an American patriot. I was a slave. I fought for my freedom. Who am I?

Answers found on page 15

Knowing signs key to minimizing heart damage

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heart. Moderate physical exercise for 60-90 minutes on most days of the week is recommended by ACE (American Council on Exercise).

Metabolic syndrome is a cluster of cardiovascular disease risk factors which include high blood pressure, elevated triglycerides, and low levels of high-density lipoprotein (HDL), impaired fasting glucose and excess abdominal fat. A diagnosis of metabolic syndrome is made if you have three out of five of these risk factors. Having metabolic syndrome increases the risk of cardiovascular disease.

Signs of a Heart Attack include:

- Chest discomfort in the center of the chest that lasts more than a few minutes. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. This feeling often accompanies chest discomfort. It can occur before chest discomfort.
- Other signs. These may include cold sweat, nausea or lightheadedness.

If you or someone you are with has chest discomfort, especially with one or more of the other sign, do not wait longer than a few minutes (no more than 5) before calling for help. Call

911 and get to a hospital right away.

Stroke Warning Signs:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

Not all of these warning signs occur in every stroke. If some start to occur, do not wait. Get help immediately. Stroke is a medical emergency, call 911.

The NMCP Wellness Department encourages you to make lifestyle choices that will decrease your risk of heart disease. We offer classes on nutrition, tobacco cessation, hypertension and physical fitness.

Help yourself lower your risks of heart disease by becoming more physically active. The NMCP Wellness Department is sponsoring a Fun Heart Health Walk in front of the gym on Friday, Feb. 25 at 11a.m. If the weather does not permit outside walking, the walk will take place inside the gym. Pedometers, books on walking and water bottles will be given to participants while supplies last.

The Wellness Department is scheduling Hypertension Screenings at Scott's Center Annex

Commissary until Feb. 28 from 9 a.m. to 2 p.m.

Take advantage of all of the fun activities being offered by MWR during the month of February. There is a group aerobic challenge, with a prize for whomever completes the most minutes of aerobics, a sit-up contest, healthy heart swim, and Hip Hop instructions with a Hip Hop contest the last week.

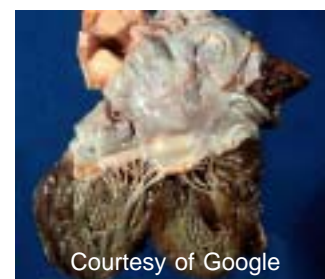
If you are interested in general military training on prevention of heart disease, handouts, or a PowerPoint presentation on heart health for your workplace, please call Maggie Malson at 953-9248. The Wellness Department wishes you a healthy National Heart Health month. ♣

Healthy Heart



Courtesy of Google

Diseased Heart



Courtesy of Google

Active duty staff at NMCP required to register for TRICARE Online

Many active duty members do not realize they are TRICARE Prime. To stay current in the system, service members must update their DEERS information as well as re-enroll in TRICARE Prime each time they report to a new duty station.

A recent TRICARE Prime enhancement for Naval Medical Center Portsmouth enrollees is the addition of TRICARE Online (TOL), a secure, Internet-based program that provides a wealth of information and services for Military Health System beneficiaries, providers and health care managers. NMCP is one of six TOL Appointing Centers of Excellence nationwide where this program is in the forefront of development and implementation.

To help ensure the success of this program, and to increase the future value and accessibility of TOL to all TRICARE Prime beneficiaries, it is essential that every active duty member assigned to NMCP register in TOL. NMCP also encourages service members to register each

family member who is enrolled in Prime. Registration is easy:

– Go to www.TRICAREOnline.com

– Read the Online Privacy and Security Policy and click “I AGREE”

– Click “Site Registration”

– Click “Patient Registration Only (Beneficiary)”

– Read the disclaimer and click “I AGREE”

– Follow the directions on the screen to complete your registration

– The sponsor’s Social Security Number (SSN) is needed to register. All family members must register separately with their own SSN and will have a separate User ID and Password.

– Once registered, scheduling appointments is fast and easy:

– Go to www.TRICAREOnline.com

– Read the Online Privacy and Security Policy and click “I AGREE”

– “Log On” by entering your Username and Password

– Click “Appointments”



– Select a “Visit Reason” from the dropdown menu and click “View Available Appointments”

(Your PCM’s available appointments will be displayed)

– Select the appointment you want or follow directions for other options.)

Benefits and services of using TOL include: online primary care and self-referral specialty appointments; extensive, reliable health information; health information and games for children; consumer drug catalog and drug interaction checker; personal health journal; disease tracking and management tools; and TRICARE benefits links.

TRICARE Online is available 24/7. For additional assistance, contact Technical Support at 800-600-9332.

Walk for Your Health! Rain or Shine!

Come join Wellness and Command Fitness with a Heart Health Fun Walk Feb. 25 at 11 a.m. Susan Lowry, command fitness leader will give a talk about safe walking and how to measure how many calories you burn when you walk.

Afterwards, join the mile and a half walk around the compound. Prizes for those who participate. This event is Rain or Shine! If the weather is bad, the walk will be in the gym. Call 953-9248 for more information.

Pastoral Care Services

Love and the Lockhorns

By CDR John W. Maurice, CHC, USN

It's the month for Valentine's Day, and many lovers often commemorate this celebration of love by sharing gifts, planning romantic getaways, going to their favorite restaurant, and showering affection upon one another. On Valentine's Day there is candlelight, soft music and sweet nothings whispered as couples bask in their love.

It would be nice if couples would invest that kind of love and attention on one another the other 364 days of the year!

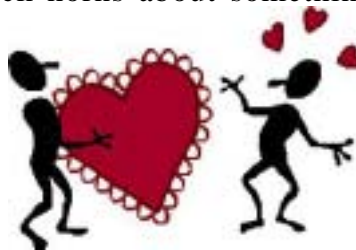
Unfortunately, many of our other days have us looking like the Lockhorns. I am hopelessly addicted to the cartoon series "The Lockhorns". The one thing that Leroy and Loretta Lockhorn do well is "lock horns!" Leroy, according to Loretta, is a lazy, unsupportive, cheapskate, uncommunicative and unromantic husband. Loretta, according to Leroy, is a nag who talks incessantly, is a poor cook and a hopelessly romantic woman who spends every waking moment at the mall shopping and spending all of his money.

One cartoon depicts Loretta putting on her makeup in the morning. Leroy walks up behind her and says, "Why don't you just take a quick stroll through Jiffy Lube." Not a tactful way to speak to your middle-aged wife who strives to look attractive.

Another cartoon shows Loretta lying on the couch holding a martini. As Leroy walks into the room and

stands at the end of the couch Loretta says, "I'm just trying to see things from your point of view, Leroy." She was a tad unkind in pointing out his shortcomings too!

I suspect that Leroy and Loretta may be very much like you and your spouse. You find that no matter how much you love each other; there are still times when you lock horns about something.



Finances, child-rearing, sexual intimacy, the position of the toilet seat and a myriad of other issues can become sources of conflict.

The Lockhorns portray a reality to all of us – that conflict is inevitable. So, do we lock horns, or do we resolve conflict in a creative and productive manner? The key difference in happy and unhappy marital relationships is the ability to resolve conflicts. Since conflicts are unavoidable, it is pretty important that we learn how to resolve them successfully and with love. Here is how to avoid having a Lockhorn marriage:

First, create an environment of love, acceptance, commitment and forgiveness, which allows for transparency and open communication needed to resolve conflicts. When we are afraid to be honest and open, we sabotage

our relationship. But, it is important for the relationship to be safe so that we are free to talk without being rejected or rebuffed.

Second, learn to listen more and speak less. To enjoy the privileges of transparency, we must learn to control the power of the tongue. If we listen, really listen, we will seek to understand what our loved one is saying and how they feel.

Since we have two ears and one mouth maybe the lesson is to listen twice as much as we talk! Words can hurt or heal – choose them carefully.

The third principle is to speak the truth in love. For confrontation to benefit a relationship, truth must be shared with love. Love must accompany the truth we speak, or there will be division, not unity.

The fourth principle is this – you must learn to forgive your mate. My guess is that neither you nor your mate is a perfect person. I also surmise that both of you have said and done some things that were unkind and unloving.

To move forward, forgiveness must be given and received. Forgiving our mate sets us free to experience love and oneness.

From doctors and corpsmen to nurses, contractors and support personnel, each of us in the hospital are reminded to continue to invest in our marriage! Attend a PREP workshop at NMCP (to register, call 953-5550), attend a Marriage

Continued on Next Page

Focus on Marriage - Listen, Truth, Love

Continued from Previous Page
Enrichment Retreat, go home early, tell your spouse how important they are! Do something to enhance your relationship – and reap the benefits of a growing, positive relationship. Let's learn from the Lockhorns so that we won't mirror their mistakes. †

How did you do?

Black History Month Trivia Answers

From page 11

1. Phyllis Wheatley
2. Monique Imes-Jackson (also known as Mo'Nique)
3. David Norman Dinkins
4. Colin Powell
5. Carole Moseley-Braun
6. Frederick McKinley Jones
7. George Washington Carver
8. Mary McLeod Bethune
9. Margaret Walker
10. August Wilson
11. Malcolm X
12. Charles Drew
13. James Langston Hughes
14. Zora Neale Hurston
15. Bill Cosby
16. Sojourner Truth
17. Maya Angelou
18. Spike Lee
19. Madam C. J. Walker)
20. Joseph Cinque

NMCP Web Site Deemed 'Outstanding'

TRICARE Management Activity has awarded the NMCP Web site with its second Web Gold Star Award in as many years. The award honors outstanding Military Treatment Facility Web sites for providing all the essential information that TRICARE beneficiaries expect to see when they visit a hospital or clinic Web site.

The NMCP Web site has been listed as a Gold Star site on TMA's Web site, www.tricare.osd.mil, and the hospital will receive a commemorative certificate, as well as the Gold Star logo to display on its Web site.



Appointment Center Awards Presented

Photo by Ed Coryell

Rear Adm. Thomas K. Burkhard, Commander, Naval Medical Center Portsmouth, presents a Certificate of Recognition to Col. Betty Wiley, Commander, Kenner Army Health Clinic, Ft. Lee. The award recognizes the cooperation Kenner extended to the TRICARE Hampton Roads Appointment Center in making medical appointments easier and more efficient for TRICARE beneficiaries. Additionally, Ft. Lee's Wilkerson Pediatric Clinic was recognized with the Primary Clinic award and TPC Virginia Beach Optometry Clinic was recognized with the Specialty Clinic award. The appointment center is located in Building 3 at NMCP.



Congratulations Nurses of the Year

***Congratulations
Junior Nurse of the Year, 2004
Ens. Walter Davis
Inpatient Oncology Unit***

Pictured from left to right: Rear Adm. Thomas K. Burkhard, commander, NMCP; Ens. Walter Davis, Junior Nurse of the Year, 2004; Capt. Ronald G. Forbus, director, Nursing Services.



***Congratulations
Nurse of the Year, 2004
Lt. Justine Gilbert
Post Anesthesia Care Unit***

Pictured from left to right: Rear Adm. Thomas K. Burkhard, commander, NMCP; Lt. Justine Gilbert, Nurse of the Year, 2004; Capt. Ronald G. Forbus, director, Nursing Services.



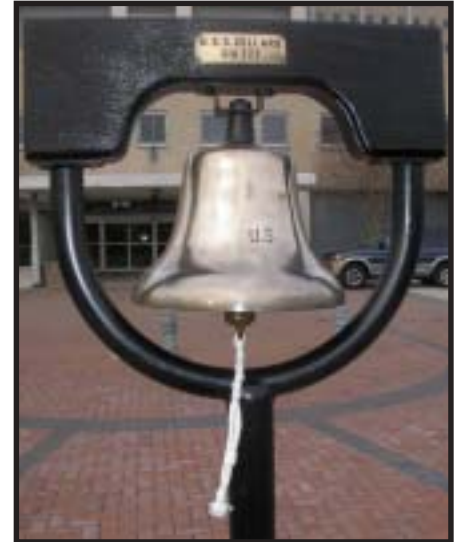
Photos by JO1 Sarah Langdon

Spring PFA is right around the corner! Are you ready?

The Spring 2005 Physical Fitness Assessment is just over a month away. A few PFA reminders: Weigh-ins are completed 2 to 10 days prior to taking the PRT. Weigh-ins will be held in the chief of the day bunkroom (Bldg 2, first deck, behind admissions) beginning March 30 with the last day April 27 from 7:30 to 10:30 a.m. daily. Attention Swimmers: Let us know when you weigh-in of your intent to swim. Your PRT will be held April 1 through April 29 between 1 to 2:30 p.m., Monday through Friday. Runners – the PRT running portion will be held at the brown pavillion (near the gym) April 1 through April 29.

Assemble at the brown pavillion 15 minutes prior to the hour of testing to sign in and stretch. The PRT will commence on the hour starting at 7 a.m. through (and including) noon, 2 p.m. and 3 p.m. Testing will be on a first come, first served basis. For safety, only 26 members will be tested each hour. Personnel who checked aboard NMCP on or after Jan. 19, 2005, are exempt from PRT. However, they are NOT exempt from weighing in. Please inform new check-ins that official weigh-ins are not conducted at PHA clinic. If you have not been training, the time to start is now. If you need assistance, please call Command Fitness at 953-5099.

QD staff restore historic Zellars bell



The Zellars bell, mounted on display outside the ceremonial entrance to Bldg. 3, has recently received a shining makeover. ABHAN Brandon S. Young and HM3 Brian Baskins, both members of the NMCP Quarterdeck staff, thought the bell looked neglected. It took them two weeks of scrubbing and polishing to get the bell back into shape. The bell was on board the *USS Zellars (DD 777)*, a naval destroyer first launched in 1944. The bell was apparently awarded to the command in 1961, however, the rest of its history is unknown.

Photos by JO1 Sarah Langdon

Fit Moms = Healthy Babies!

**Attention new moms-to-be and women who are post-partum ...
NMCP has a program for you!**

In this day and age the amount of information and the do's and don'ts for expecting and post-partum moms can be overwhelming. Many women have questions about how to help their baby grow healthy and happy in the womb, while taking care of herself at the same time.

How can I stay in shape throughout my pregnancy? What does eating for two mean? How much should I exercise? Will it hurt the baby? How can I safely get back into shape after the baby is born?

NMCP has a new program to help expectant mothers and new moms get the facts to get, stay and keep in shape. No one wants to gain excessive weight or put herself at risk for gestational diabetes. A healthy nutrition and exercise plan throughout pregnancy can help! MWR Fitness, Women's Health and Wellness; Preventive Health and Wellness; and the NMCP Nutrition Department have teamed up to provide bi-weekly exercise programs focusing on women and geared toward each trimester and the post-partum period.

Tuesday: AQUA Class -- Hop in the pool with Dee Hunt and get energized through an aqua workout to improve strength and flexibility for your whole body. Special attention is paid to areas doing the most work during labor.

Thursday: Land-based class in the gym -- More strength and flexibility training with resistor (exercise) balls. Focus on improving core strength and plenty of squats!

Each class is tailored to the specific trimester or post-partum period. Post-workout lectures and guest speakers provide information and offer a chance to ask questions on many topics and facets of health during pregnancy. **A release form is required.** Please see OBGYN for more information and to get your release form signed.

Military W-2s Make it Easier to Determine Tax Credit Eligibility

ARLINGTON, Va. (NNS)

—The 2004 W-2 forms for military members will now report pay earned while serving in a Combat Zone Tax Exclusion (CZTE) area. This information will provide members the opportunity to determine their eligibility for the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC).

The CZTE pay information will be listed separately in Block 14 of the member's W-2 form and will not be included with taxable wage information (Block 1).

EITC and CTC qualifications are based on gross income, which includes pay earned while in a CZTE area. The addition of this information on 2004 W-2s will aid in determining whether a member meets the IRS requirements for EITC and CTC, and which method of computing taxes is most advantageous to each member's individual situation.

The 2004 W-2s have been available since mid-January. Log onto myPay (<https://mypay.dfas.mil/>

[mypay.aspx](https://mypay.dfas.mil/)) to check W-2 availability.

For more information on the Earned Income Tax Credit, Child Tax Credit, or other tax issues, contact a unit tax advisor or finance office. Information is also available in the Armed Forces Tax Guide 2004 at www.irs.gov/pub/irs-pdf/p3.pdf and the Internal Revenue Service Web site at www.irs.gov. For more news from around the fleet, visit www.navy.mil.

TAX ASSISTANCE CENTER:

The Norfolk Tax Assistance Center (TAC) is the Navy's largest tax assistance center offering tax preparation and electronic filing services free of charge for active duty, retirees and reservists and reservists currently serving on active duty for a period 29 consecutive days or more. Qualifying family members may also have their taxes prepared. The TAC is located at Naval Station, Norfolk, at the corner of Maryland and Gilbert Streets on the first floor of Building B-30. The office will be open for walk-ins from 8 a.m. to 8 p.m., Monday through Friday and Saturday from 8 a.m. to 2 p.m. Appointments are available for those with more complex tax returns.

Customers are encouraged to call 444-9081 or 444-9082 before coming in to ensure that they know what documents are required by the tax preparers. A list of commonly required forms/documents can be found at www.cnrma.navy.mil. Anyone who has served in a area that is considered a combat zone for tax exclusion purposes during 2004 must ensure their W-2 correctly reflects their taxable income prior to having their tax returns prepared. Errors on your W-2 FORMS can be corrected through your supporting PSD or Disbursing Office. For more information, please call TAC AT 444-9081 OR 444-9082 or VISIT www.cnrma.navy.mil.

U.S. Navy Baseball Comes to Hampton Roads

By LTJG Emily M. Dover, USNR

The U.S. Navy Baseball Program, now in its 16th season, is the fastest growing, largest, and most successful reorganized military baseball program in the world.

Originally based in San Diego, it is now available in Hampton

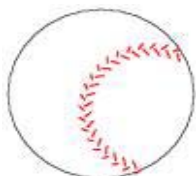
Roads. All active duty and reserve personnel with professional, semi-professional, collegiate or extensive baseball experience are encouraged to try out.

Navy baseball is currently holding winter workouts for those who want to get ahead of the game. Spring tryouts will be held in mid-March. Winter workouts are held

in the Virginia Aces AAU indoor facility every Monday night from 7 to 9 p.m. The indoor facility is located at 236 Clearfield Ave., in Virginia Beach.

All who plan to attend the spring tryouts are encouraged to come out and get prepared.

For more information, contact HM2(SW) Leon Griffith, 314-7225 or lpgriffith@mar.med.navy.mil.



NMCP receives Elizabeth River Project Award

Submitted by Bob Wall

The Elizabeth River Project awarded Naval Medical Center Portsmouth the River Star Program award at a luncheon held Jan. 20, at the Renaissance Portsmouth Hotel.

Bob Wall, NMCP Environmental Manager, accepted the award for our command.

Of all the many business and facilities in this program, only about a dozen have achieved the Model Level. This puts NMCP in a group with others such as Naval Station Norfolk, Ford Motor Assembly Plant, NORSHIPCO, and U.S. Coast Guard –ISC Portsmouth.

Wall also made one of several power point presentations during the recognition luncheon. He showed and discussed some of NMCP's accomplishments that included: a new reusable 'sharps' container program that significantly reduces solid waste, a well managed paper and cardboard recycling program, and the elimination of virtually all mercury from the base.

Also noted was the recent installation of pervious pavers around the point, expansion of the Adopt-A-Spot program, and shoreline habitat improvements such as enhancing the buffer and eradicating invasive reeds.



A picture of the award with 'Princess Elizabeth', a symbolic spokesperson, is shown here. NMCP received the award from the Elizabeth River Project for advancing to the top echelon, Model Level, in their River Star Program.

NMCP Hosts AAA Child Safety Event

The Safety Department at Naval Medical Center Portsmouth hosted a child traffic safety event Feb. 15, in support of the National Child Passenger Safety Program which focuses on educating and spreading awareness of automobile safety for children.

The Safety Department worked closely with AAA to educate the public on the importance of keeping children in car or booster seats until they reach the appropriate age, weight or height.

This is part of an ongoing the Safety Department's ongoing Traffic Safety Campaign which supports the Naval Safety Center in their effort to reduce mishaps by 50 percent.

Below: Julie Stevens, traffic safety coordinator for AAA, talks with a passersby about child traffic safety. According to AAA representatives, many people are unaware that size and weight considerations are important when purchasing a car seat, or, that in 90 to 100 percent of cases, car seats are installed incorrectly in the vehicle.



Bravo Zulu!!!

Navy Achievement Medals

HMC(AW/SW) Ronald A. Hickman
 Ltjg Tracy M. Budny-Price
 HM2(FMF) Adam N. Goulas
 HM3 Oscar LopezBarrera
 HM1 Joy R. Baron
 HM1 Amanda C. Williams
 SK1(SW) Rodelio A. Roldan
 HM2 George V. Webber
 HM2 Kendra M. Green
 Lt Suzanne F. Maldarelli
 HM2(SW) Chizoro C. Taylor
 HM3 Brian A. Britt
 HM3(AW/SW) Ronald A. Hickman
 SH3 Erica J. Newman
 HM2 Stephanie Lockhart
 HM3 Jennifer L. Whitten
 HM3 Buffy J. Smith
 HM2 Rejoy A. Sison
 HM2 Leigh S. Kane
 Lt Timothy M. Wilks
 HM2 Melissa L. McAbee
 SK2(SW) Darnell L. Barnes
 HM3 David K. Jackson
 SK2(SW) Liva C. Moore
 HM3 Moses Ajoku
 Lt James L. Anderson
 HM3 Catherine Y. Bell
 Lcdr Kenneth A. Bell
 HM2 Carrie L. Carter
 HM2(FMF) James L. Dixon
 ENS Lance K. Downing
 HN Alexis R. Dziabo
 HN Michael E. Edwards
 HM1 Emelike U. Emelike
 DT3 Johnathan A. Garnes
 DT3 Beatriz Gonzales
 IT1(SW) Robert S. Gourley
 Lt Karen M. Gray
 Lt Marsha A. Heineman
 SH3 Dewayne Hunter
 SK2 Joseph Kelly
 HM2 Shannon D. Matthews
 HMC(SW) Richard G. McClelland
 ET1(AW) Farhad Notghi
 HN Joshua A. Olexa
 SK2 Nilda M. Peebles
 DT3 Carlisle C. Pennycook
 HM3 Andrew L. Pierson
 HM2 Tonya S. Stringer
 HM2 Derielle R. Thurman
 HM2(SW/AW) Anthony W. Veverka

Navy Commendation Medals

HM1 Mark D. Dominado
 MAC(SW) Gregory L. Richardson
 HM1(SW/FMF) Monica L. Florence
 Lt Sharese M. White
 Lt Andrew J. Sellers
 Lt Travis M. Polk
 Ltjg Michael K. Lisnerski
 Lt Sabra S. Rawlings
 Lcdr Christine M. Ward
 Cdr Richard L. Blumling
 Lt Anne M. Kennedy
 HMCS(SW/AW) Tiburcio G. Estampador, Jr.
 MACS(SW) Thomas L. Goldsmith
 Lcdr Brian S. King
 HMC(SW/AW) James T. Bailey
 HM2 Benjamin Debblay
 HMC(AW/AW/FMF) Patricia L. Dickerson
 CDR Clyde J. Hockett
 Lcdr Barbara J. Kincaide
 CAPT Mary A. Kline
 HM2 Jason P. Komenkul
 SKC(SW/AW) Patrick C. Maclan
 LCDR Richard E. Makarski
 Lt Alvin D. McCuiston
 IT1(ESWS) Scott A. McLean
 HM2 John L. McMurray
 Cdr Jeffery S. Nordin
 Cdr Milan N. Pastuovic
 HMC(SW/AW) Richardson Perez
 Lcdr Robert D. Poerschmann
 HMC((AW/FMF/PJ) Douglas R. Pollock
 Cdr Shirley L. Russell
 Lcdr Joanne M. Tuin
 Lcdr Judith M. Walker
 HMC(SW/AW) Thomas A. Williams

Letter of Commendation

YN3 Darcy L. Kelly
 HM3 Myer S. Daniel
 HN Victor L. Goodwin
 HN Kevin A. Holzinger
 CS3 William E. Lewis
 HN Joseph M. Lopez
 HN Aaron J. McCauley-Aburto
 SH3(SW) Jeanifer O'Neal
 SH3 Jamal A. Parker
 HM3 Billyjoe Sweeney
 HN David W. Jenkins
 HM3 April L. Bell
 HN Cedrick D. Forrest
 HM3 Ronaldo D. Lorenzo

RP3 Michael R. Johnston
 HN Denise W. Ellis
 HN Lindsay N. Jones
 HN Lequincy D. Brown
 HM3 Sharon G. Rona
 HM3 April V. Godwin
 HM3 David L. Young
 HM3 Sueheigh K. Seepersaud
 CIV Donna Arnold
 CIV Cherylann Kraft
 HN Jon M. Alexander
 HN Candee O. Bost
 JO1 Daniel A. Bristol
 HN Dain L. Carmen
 HN Gabriel B. Caro
 HN Erin E. Christian
 HM2(SW) David L. Clark
 HN Christopher P. Covert
 HN Abigail F. Flores
 HN Julie A. Gray
 HN Lazara Y. Hernandez
 HN Adam M. Laney
 HM2(SW) Daniel McNally
 HM3 Sunshine M. Padilla
 HM2 Japonica L. Perkins
 HM3 Angela M. Pratt
 HN Clay C. Quisenberry
 HM2 Christiane B. Quito
 HN Alexandra V. Rodriguez
 Lt Patrice M. Rollins
 HN Ryan R. Sanders
 HM3 Robert J. Sandlin
 HN Cherie L. Seals
 HM3 Jennifer L. Schellenberg
 HN Adam C. Strotz
 HN Kristina M. Sturkey
 HN Davina Thomas
 HN Frankie Valdez
 ET3 Steven C. Vaneman
 HN Yee Leng Xiong

Letters of Appreciation

HN Justin Lambert
 HN Dinh D. Ngo
 HM3 Manuel Olivares
 Lcdr Brian S. King
 HM2 Stephanie M. Lockhart
 HM3 Joel R. Senger

Meritorious Service Medal

Capt Robin I. Davidson